

Johnson County Questionnaire
Final Draft 04/28/2000
Modified 06/15/2000 (Firearms module)

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INTRODUCTION:

HELLO, I'm [interviewer name] calling for the Johnson County Health Department and the Kansas Department of Health and Environment. We're gathering information on the health practices of Johnson County residents to guide health policies. Your phone number has been chosen randomly, and we'd like to ask some questions about day-to-day living habits which may affect health.

Is this [phone number]? [if 'yes', proceed]

Is this a private residence ? [if 'yes', proceed]

Is this residence located in Johnson County, Kansas? [if 'yes', proceed]

We need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older ?

How many of these adults are men ?

How many of these adults are women ?

The person in your household I need to speak with is the [randomly selected adult].

To correct respondent:

We do not ask for your name, address, or other personal information that identifies you. The phone number is erased once we finish all interviews at the end of the year. You don't have to answer any question you don't want to, and you are free to end the interview at any time. The interview takes 15 minutes.

All information you give us will be confidential. If you have any questions about this survey, I will provide a toll free telephone number for you to call to get more information.

Section 1: Health Status

1. Would you say that in general your health is:

Please Read

- | | |
|--------------|---|
| a. Excellent | 1 |
| b. Very good | 2 |
| c. Good | 3 |
| d. Fair | 4 |
| or | |
| e. Poor | 5 |

Do not read these responses	Don't know/Not Sure	7
	Refused	9

Section 2: Health Care Access

2. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- | | |
|---------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 4b (p. 6) | 2 |
| Don't know/Not sure Go to Q. 7 (p. 7) | 7 |
| Refused Go to Q. 7 (p. 7) | 9 |

3. Do you have Medicare?

- | | | |
|---|--------------------------|---|
| Medicare is a coverage plan for people 65 or over and for certain disabled people | a. Yes Go to Q. 7 (p. 7) | 1 |
| | b. No 2 | |
| | Don't know/not sure | 7 |
| | Refused | 9 |

4a. What type of health care coverage do you use to pay for most of your medical care?

Is it coverage through: **Please Read**

- | | | |
|--|--------------------------|-----|
| a. Your employer | Go to Q. 6 (p. 7) | 0 1 |
| b. Someone else's employer | Go to Q. 6 (p. 7) | 0 2 |
| c. A plan that you or someone else buys on your own | Go to Q. 6 (p. 7) | 0 3 |
| d. Medicare | Go to Q. 6 (p. 7) | 0 4 |
| e. Medicaid or Medical Assistance [or substitute state program name] | Go to Q. 6 (p. 7) | 0 5 |
| f. The military, CHAMPUS, or the VA [or CHAMP-VA] | Go to Q. 6 (p. 7) | 0 6 |
| g. The Indian Health Service [or the Alaska Native Health Service] | Go to Q. 6 (p. 7) | 0 7 |
| h. Some other source | Go to Q. 6 (p. 7) | 0 8 |
| None | Go to Q. 5 (p. 6) | 8 8 |
| Don't know/Not sure | Go to Q. 6 (p. 7) | 7 7 |
| Refused | Go to Q. 6 (p. 7) | 9 9 |

Do not
read these
responses

4b. There are some types of coverage you may not have considered.
Please tell me if you have any of the following:

Coverage through: **Please Read**

If more than one, ask "Which type do you use to pay for most of your medical care?"	a.	Your employer Go to Q.6	0 1
	b.	Someone else's employer Go to Q.6	0 2
	c.	A plan that you or someone else buys on your own Go to Q.6	0 3
	d.	Medicare Go to Q.6	0 4
	e.	Medicaid or Medical Assistance [or substitute state program name] Go to Q.6	0 5
	f.	The military, CHAMPUS, or the VA [or CHAMP-VA] Go to Q.6	0 6
	g.	The Indian Health Service [or the Alaska Native Health Service] Go to Q.6 or	0 7
	h.	Some other source Go to Q.6	0 8
		None	8 8
Do not read these responses		Don't know/Not sure Go to Q. 7	7 7
		Refused Go to Q. 7	9 9

5. About how long has it been since you had health care coverage?

Read Only if Necessary

- | | |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| Go to Q. 7 | |
| b. Within the past year (6 to 12 months ago) | 2 |
| Go to Q. 7 | |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| Go to Q. 7 | |
| d. Within the past 5 years (2 to 5 years ago) | 4 |
| Go to Q. 7 | |
| e. 5 or more years ago | 5 |
| Go to Q. 7 | |
| Don't know/Not sure | 7 |
| Go to Q. 7 | |
| Never | 8 |
| Go to Q. 7 | |
| Refused | 9 |
| Go to Q. 7 | |

6. During the past 12 months, was there any time that you did not have any health insurance or coverage?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

7. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

8. Is there one particular doctor or health professional who you usually go to when you need routine medical care?

If "no," ask a. Yes, only one 1
 "Is there more
than one or isb. More than one 2
 there no usual
 doctor who youc. No 3
 go to?"
 Don't know/Not sure 7
 Refused 9

9. About how long has it been since you last visited a doctor for a routine checkup?

Read Only if Necessary

a. Within the past year (1 to 12 months ago) 1
 b. Within the past 2 years (1 to 2 years ago) 2
 c. Within the past 5 years (2 to 5 years ago) 3
 d. 5 or more years ago 4
 Don't know/Not sure 7
 Never 8
 Refused 9

Section 3: Hypertension Awareness

10. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

Read Only if Necessary

- | | |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| b. Within the past year (6 to 12 months ago) | 2 |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| d. Within the past 5 years (2 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Don't know/Not sure | 7 |
| Never Go to Q. 13 (p. 10) | 8 |
| Refused | 9 |

11. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 13 (p. 10) | 2 |
| Don't know/Not sure Go to Q. 13 (p. 10) | 7 |
| Refused Go to Q. 13 (p. 10) | 9 |

12. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

- | | |
|---------------------|---|
| a. More than once | 1 |
| b. Only once | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 4: Cholesterol Awareness

13. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (48)

- a. Yes 1
- b. No Go to Q. 16 (p. 11) 2
- Don't know/Not sure Go to Q. 16 (p. 11) 7
- Refused Go to Q. 16 (p. 11) 9

14. About how long has it been since you last had your blood cholesterol checked? (49)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. 5 or more years ago 4
- Don't know/Not sure 7
- Refused 9

15. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (50)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

Section 5: Diabetes

16. Have you ever been told by a doctor that you have diabetes?
(51)

If "Yes" and female, ask	a. Yes	1
"Was this only when you were pregnant?"	b. Yes, but female told only during pregnancy	2
	c. No	3
	Don't know/Not sure	7
	Refused	9

Section 6: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

17. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (52)

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to Q. 27 (p. 15) | 2 |
| Don't know/Not sure Go to Q. 27 (p. 15) | 7 |
| Refused Go to Q. 27 (p. 15) | 9 |

18. What type of physical activity or exercise did you spend the most time doing during the past month? (53-54)

Activity (specify): _____
See coding list A

Refused Go to Q. 22 (p. 13) 9 9

Ask Q. 19 only if answer to Q. 18 is running, jogging, walking, or swimming. All others, go to Q. 20.

19. How far did you usually walk/run/jog/swim? (55-57)

See coding list B if response is not in miles and tenths	Miles and tenths	—	—	—
	Don't know/Not sure	7	7	7
	Refused	9	9	9

20. How many times per week or per month did you take part in this activity during the past month? (58-60)

- | | | | |
|---------------------|---|---|---|
| a. Times per week | 1 | — | — |
| b. Times per month | 2 | — | — |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |

21. And when you took part in this activity, for how many minutes or

hours did you usually keep at it? (61-63)

Hours and minutes	__ : __ __
Don't know/Not sure	7 7 7
Refused	9 9 9

22. Was there another physical activity or exercise that you participated in during the last month? (64)

a. Yes	1
b. No Go to Q. 27 (p. 15)	2
Don't know/Not sure Go to Q. 27 (p. 15)	7
Refused Go to Q. 27 (p. 15)	9

23. What other type of physical activity gave you the next most exercise during the past month? (65-66)

Activity (specify):	_____
	See coding list A
Refused Go to Q. 27 (p. 15)	9 9

Ask Q. 24 only if answer to Q. 23 is running, jogging, walking, or swimming. All others go to Q25 (p. 14).

24. How far did you usually walk/run/jog/swim? (67-69)

See coding list B if response is not in miles and tenths	Miles and tenths	__ __. __
	Don't know/Not sure	7 7 7
	Refused	9 9 9

25. How many times per week or per month did you take part in this activity? (70-72)

a. Times per week	1	___	___
b. Times per month	2	___	___
Don't know/Not sure	7	7	7
Refused	9	9	9

26. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (73-75)

Hours and minutes	___	:	___	___
Don't know/Not sure	7	7	7	
Refused	9	9	9	

Section 7: Seat Belt Use

27. How often do you use seatbelts when you drive or ride in a car?
(76)

Would you say: **Please Read**

a.	Always	1
b.	Nearly Always	2
c.	Sometimes	3
d.	Seldom	4
	or	
e.	Never	5
Do not	Don't know/Not sure	7
read these		
responses	Never drive or ride in a car	8
	Refused	9

28. What is the age of the oldest child in your household under the
age of 16? (77-78)

Code
<1 yr.
as "01"

a.	Code age in years		
b.	No children under age 16	Go to Q. 30 (p. 16)	8 8
	Don't know/Not sure	Go to Q. 30 (p. 16)	7 7
	Refused	Go to Q. 30 (p. 16)	9 9

29. How often does the [fill in age from Q. 22]-year-old child in your household use a... (79)

car safety seat [for child under 5]

seatbelt [for child 5 or older]

...when they ride in a car?

Would you say: **Please Read**

a. Always 1

b. Nearly always 2

c. Sometimes 3

d. Seldom 4

or

e. Never 5

Do not Don't know/Not sure 7

read these

responses Never rides in a car 8

Refused 9

Section 8: Tobacco Use

30. Have you smoked at least 100 cigarettes in your entire life?
(80)

5 packs
= 100
ciga-
rettes

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to Q. 35 (p. 19) | 2 |
| Don't know/Not sure Go to Q. 35 (p. 19) | 7 |
| Refused Go to Q. 35 (p. 19) | 9 |

31. Do you now smoke cigarettes everyday, some days, or not at all?
(81)

- | | |
|-----------------------------------|---|
| a. Everyday | 1 |
| b. Some days Go to Q. 32a | 2 |
| c. Not at all Go to Q. 34 (p. 18) | 3 |
| Refused Go to Q. 35 (p. 19) | 9 |

32. On the average, about how many cigarettes a day do you now smoke?
(82-83)

1 pack
= 20
ciga-
rettes

- | | |
|--|-----|
| Number of cigarettes Go to Q. 33 (p. 18) | |
| Don't know/Not sure Go to Q. 33 (p. 18) | 7 7 |
| Refused Go to Q. 33 (p. 18) | 9 9 |

32a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?
(84-85)

1 pack
= 20
ciga-
rettes

- | | |
|--|-----|
| Number of cigarettes Go to Q. 35 (p. 19) | |
| Don't know/Not sure Go to Q. 35 (p. 19) | 7 7 |
| Refused Go to Q. 35 (p. 19) | 9 9 |

33. During the past 12 months, have you quit smoking for 1 day or longer? (86)

- | | |
|--|---|
| a. Yes Go to Q. 35 (p. 19) | 1 |
| b. No Go to Q. 35 (p. 19) | 2 |
| Don't know/Not sure Go to Q. 35 (p. 19) | 7 |
| Refused Go to Q. 35 (p. 19) | 9 |

34. About how long has it been since you last smoked cigarettes regularly, that is, daily? (87-88)

Read Only if Necessary

- | | |
|---|-----|
| a. Within the past month (0 to 1 month ago) | 0 1 |
| b. Within the past 3 months (1 to 3 months ago) | 0 2 |
| c. Within the past 6 months (3 to 6 months ago) | 0 3 |
| d. Within the past year (6 to 12 months ago) | 0 4 |
| e. Within the past 5 years (1 to 5 years ago) | 0 5 |
| f. Within the past 15 years (5 to 15 years ago) | 0 6 |
| g. 15 or more years ago | 0 7 |
| Don't know/Not sure | 7 7 |
| Never smoked regularly | 8 8 |
| Refused | 9 9 |

Section 9: Smokeless Tobacco Use

35. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (89)

Probe for a.	Yes, chewing tobacco	1
chewing tobacco, snuff, or both	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither Go to Q. 37 (p. 20)	4
	Don't know/Not sure Go to Q. 37 (p. 20)	7
	Refused Go to Q. 37 (p. 20)	9

36. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? (90)

"Yes" includes occasional use	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither	4
	Don't know/Not sure	7
	Refused	9

Section 10: Demographics

37. What is your age? (91-92)

Code age in years

Don't know/Not sure 0 7

Refused 0 9

38. What is your race? (93)

Would you say: **Please Read**

a. White 1

b. Black 2

c. Asian, Pacific Islander 3

d. American Indian, Alaska Native 4

or

e. Other: (specify)_____ 5

Do not Don't know/Not sure 7

read these

responses Refused 9

39. Are you of Spanish or Hispanic origin? (94)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

40. Are you: (95)

Please Read

- | | |
|------------------------------------|---|
| a. Married | 1 |
| b. Divorced | 2 |
| c. Widowed | 3 |
| d. Separated | 4 |
| e. Never been married | 5 |
| or | |
| f. A member of an unmarried couple | 6 |
| Refused | 9 |

41. How many children live in your household who are...

Please Read

- | | | |
|----------------------|-----------------------------|----------|
| Code 1-9 | a. less than 5 years old? | ___ (96) |
| 7 = 7 or more | b. 5 through 12 years old? | ___ (97) |
| 8 = None | c. 13 through 17 years old? | ___ (98) |
| 9 = Refused | | |

42. What is the highest grade or year of school you completed? (99)

Read Only if Necessary

- | | |
|---|---|
| a. Never attended school or only kindergarten | 1 |
| b. Grades 1 through 8 (Elementary) | 2 |
| c. Grades 9 through 11 (Some high school) | 3 |
| d. Grade 12 or GED (High school graduate) | 4 |
| e. College 1 year to 3 years (Some college or technical school) | 5 |
| f. College 4 years or more (College graduate) | 6 |
| Refused | 9 |

43. Are you currently: (100)

Please Read

- | | |
|-------------------------------------|---|
| a. Employed for wages | 1 |
| b. Self-employed | 2 |
| c. Out of work for more than 1 year | 3 |
| d. Out of work for less than 1 year | 4 |
| e. Homemaker | 5 |
| f. Student | 6 |
| g. Retired | 7 |
| or | |
| h. Unable to work | 8 |
| Refused | 9 |

44. Is your annual household income from all sources: (101-102)

Read as Appropriate

- | | | |
|--|--|-----|
| If respondent
refuses
at any
income
level,
code
refused | a. Less than \$25,000 If "no," ask e; if "yes," ask b
(\$20,000 to less than \$25,000) | 0 4 |
| | b. Less than \$20,000 If "no," code a; if "yes," ask c
(\$15,000 to less than \$20,000) | 0 3 |
| | c. Less than \$15,000 If "no," code b; if "yes," ask d
(\$10,000 to less than \$15,000) | 0 2 |
| | d. Less than \$10,000 If "no," code c | 0 1 |
| | e. Less than \$35,000 If "no," ask f
(\$25,000 to less than \$35,000) | 0 5 |
| | f. Less than \$50,000 If "no," ask g
(\$35,000 to less than \$50,000) | 0 6 |
| | g. Less than \$75,000 If "no," code h
(\$50,000 to \$75,000) | 0 7 |
| | h. \$75,000 or more | 0 8 |
| Do not | Don't know/Not sure | 7 7 |
| read these | | |
| responses | Refused 9 9 | |

45. About how much do you weigh without shoes? (103-105)

**Round
fractions
up**

Weight
pounds

Don't know/Not sure

7 7 7

Refused

9 9 9

46. About how tall are you without shoes? (106-108)

**Round
fractions
down**

Height
ft/inches

—/

Don't know/Not sure

7 7 7

Refused

9 9 9

47. What is your zip code? (109-113)

Zip code

Don't know/not sure

7 7 7 7 7

Refused

9 9 9 9 9

48. Do you have more than one telephone number in your household?
(114)

a. Yes

1

b. No **Go to Q. 50**

2

Refused **Go to Q. 50**

9

49. How many residential telephone numbers do you have? (115)

**Exclude ded-
icated fax
and computer
lines**

Total telephone numbers [8=8 or more]

Refused

9

50. Indicate sex of respondent. **Ask Only if Necessary** (116)

Male **Go to Q. 62 (p. 28)**

1

Female

2

Section 11: Women's Health

These next few questions ask about medical exams you may have received.

51. A mammogram is an x-ray of each breast to look for breast cancer.
Have you ever had a mammogram? (117)

- a. Yes 1
- b. No **Go to Q. 54** 2
- Don't know/Not sure **Go to Q. 54** 7
- Refused **Go to Q. 54** 9

52. How long has it been since you had your last mammogram? (118)

Read only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

53. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (119)

- a. Routine checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

54. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (120)

- a. Yes 1
- b. No **Go to Q. 57** 2
- Don't know/Not sure **Go to Q. 57** 7
- Refused **Go to Q. 57** 9

55. How long has it been since your last breast exam? (121)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

56. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (122)

- a. Routine Checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

57. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (123)

- a. Yes 1
- b. No Go to Q. 60 2
- Don't know/Not sure Go to Q. 60 7
- Refused Go to Q. 60 9

58. How long has it been since you had your last Pap smear? (124)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

59. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (125)

- a. Routine exam 1
- b. Check current or previous problem 2
- Other 3
- Don't know/Not sure 7
- Refused 9

60. Have you had a hysterectomy? (126)

A hysterectomy is an operation to remove the uterus (womb)

a. Yes	Go to Q. 62	1
b. No	2	
	Don't know/Not sure	7
	Refused	9

If respondent 45 years old or older, go to Q. 62

61. To your knowledge, are you now pregnant? (127)

a. Yes	1
b. No	2
	Don't know/Not sure
	Refused
	7
	9

Section 12: Immunization

62. During the past 12 months, have you had a flu shot? (128)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
63. Have you ever had a pneumonia vaccination? (129)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

Section 13: HIV/AIDS

If respondent is 65 years old or older, go to Section 14.

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

64. What are your chances of getting infected with HIV, the virus that causes AIDS? (130)

Would you say: **Please Read**

- | | |
|-----------|---|
| a. High | 1 |
| b. Medium | 2 |
| c. Low | 3 |
| or | |
| d. None | 4 |

Not applicable (Have HIV) **Go to Q. 66** 5

**Do not
read these
responses**

Don't know/Not sure 7

Refused 9

65. Have you ever had your blood tested for HIV? (131)

- | | |
|--------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 70 | 2 |

Don't know/Not sure **Go to Q. 70** 7

Refused **Go to Q. 70** 9

66. When was your last blood test for HIV? (132-135)

Code month and year	<u> </u> <u> </u> /
Don't know/Not sure	7 7 7 7

Refused	9 9 9 9
---------	---------

67. What was the main reason you had your last blood test for HIV?
(136-137)

Reason code

Read only if necessary

a. For hospitalization or surgical procedure	0 1
b. To apply for health insurance	0 2
c. To apply for life insurance	0 3
d. For employment	0 4
e. To apply for a marriage license	0 5
f. For military induction or military service	0 6
g. For immigration	0 7
h. Just to find out if you were infected	0 8
i. Because of referral by a doctor	0 9
j. Because of pregnancy	1 0
k. Referred by your sex partner	1 1
l. Because it was part of a blood donation process	1 2
m. For routine check-up	1 3
n. Because of occupational exposure	1 4
o. Because of illness	1 5
p. Because I am at risk for HIV	1 6
q. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

68. Where did you have your last blood test for HIV?

(138-139)

Facility Code

Read only if necessary

a. Private doctor, HMO	0 1
b. Blood bank, plasma center, Red Cross	0 2
c. Health department	0 3
d. AIDS clinic, counseling, testing site	0 4
e. Hospital, emergency room, outpatient clinic	0 5
f. Family planning clinic	0 6
g. Prenatal clinic, obstetrician's office	0 7
h. Tuberculosis clinic	0 8
i. STD clinic	0 9
j. Community health clinic	1 0
k. Clinic run by employer	1 1
l. Insurance company clinic	1 2
m. Other public clinic	1 3
n. Drug treatment facility	1 4
o. Military induction or military service site	1 5
p. Immigration site	1 6
q. At home, home visit by nurse or health worker	1 7
r. At home using self-sampling kit	1 8
s. In jail or prison	1 9
t. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

69. Did you receive the results of your last test? (140)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

Section 14: Quality of Life

These next questions are about limitations you may have in your daily life.

70. Are you limited in any way in any activities because of any impairment or health problem? (141)
- a. Yes 1
 - b. No **Go to Q. 75** 2
 - Don't know/Not sure **Go to Q. 75** 7
 - Refused **Go to Q. 75** 9
71. What is the major impairment or health problem that limits your activities? (142-143)
- a. Arthritis/rheumatism 0 1
 - b. Back or neck problem 0 2
 - c. Fractures, bone/joint injury 0 3
 - d. Walking problem 0 4
 - e. Lung/breathing problem 0 5
 - f. Hearing problem 0 6
 - g. Eye/vision problem 0 7
 - h. Heart problem 0 8
 - i. Stroke problem 0 9
 - j. Hypertension/high blood pressure 1 0
 - k. Diabetes 1 1
 - l. Cancer 1 2
 - m. Depression/anxiety/emotional problem 1 3
 - n. Other impairment/problem 1 4
 - Don't know/Not sure 7 7
 - Refused 9 9
72. For how long have your activities been limited because of your major impairment or health problem? (144-145)

a. Days	1		
b. Weeks	2		
c. Months	3		
d. Years	4		
Don't know/Not Sure	7	7	7
Refused	9	9	9

73. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (146)

a. Yes	1		
b. No	2		
Don't know/Not sure	7		
Refused	9		

74. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (147)

a. Yes	1		
b. No	2		
Don't know/Not sure	7		
Refused	9		

75. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (148-149)

a. Number of days		
b. None	8	8
Don't know/Not sure	7	7
Refused	9	9

76. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (150-151)

a. Number of days	—	—
b. None	8	8
Don't know/Not sure	7	7
Refused	9	9

77. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (152-153)

a. Number of days	—	—
b. None	8	8
Don't know/Not sure	7	7
Refused	9	9

78. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (154-155)

a. Number of days		
b. None	8	8
Don't know/Not sure	7	7
Refused	9	9

79. During the past 30 days, for about how many days have you felt very healthy and full of energy? (156-157)

a. Number of days	—	—
b. None	8	8
Don't know/Not sure	7	7
Refused	9	9

Module 25: Health of Children

If core questions Q. 41a, Q. 41b, and Q. 41c are all "None" then go to the Next Module.

These next few questions will focus on the health of children. The [randomly selected child -- oldest, second oldest, etc.] has been randomly selected for these next few questions.

1. What is the age of the [randomly selected] child in your household?

a. Age

Child Less Than One Year	0	0
Don't Know/Not Sure Go to Module 32	7	7
No Children Under Age 18 Go to Module 32	8	8
Refused Go to Module 32	9	9

2. All of our questions will focus on the [xx]-year-old child who lives in your household. How is the [xx]-year-old child in your household related to you?

a. Daughter	0	1
b. Stepdaughter	0	2
c. Son	0	3
d. Stepson	0	4
e. Brother or Stepbrother	0	5
f. Sister or Stepsister	0	6
g. Grandson	0	7
h. Granddaughter	0	8
i. Other	0	9
Don't Know/Not Sure	7	7
Refused	9	9

3. Would you say that in general the [xx]-year-old child's health is:

Please Read

- | | |
|---------------------|---|
| a. Excellent | 1 |
| b. Very Good | 2 |
| c. Good | 3 |
| d. Fair | 4 |
| or | |
| e. Poor | 5 |
| Don't Know/Not Sure | 7 |
| Refused | 9 |

4. Is the [xx]-year-old child limited in any way in any activities because of any impairment or health problem?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

5. About how long has it been since the [xx]-year-old child last visited a doctor for a routine checkup?

Read only if necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Never | 8 |
| Refused | 9 |

6. Was there a time during the last 12 months when the [xx]-year-old child needed to see a doctor, but could not because of the cost?
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
7. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if the [xx]-year-old child is sick or you need advice about the youngest child's health
- a. Yes 1
 - b. More than one place 2
 - c. No 3
 - Don't Know/Not Sure 7
 - Refused 9
8. Does the [xx]-year-old child have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?
- a. Yes 1
 - b. No **Go to Q. 10** 2
 - Don't know/Not sure **Go to Q. 11** 7
 - Refused **Go to Q. 11** 9

[Note: Healthwave was added as an additional choice in April, 2000. This will change the coding from previous surveys such that Healthwave=08 and Some other source=09 in both Question 9 and Question 10 of this module.]

9. What type of health care coverage do you use to pay for most of the [xx]-year-old child's medical care?

Is it coverage through: **Please Read**

a.	Your employer	Go to Q. 11	0 1	
b.	Someone else's employer	Go to Q. 11	0 2	
c.	A plan that you or someone else buys on your own	Go to Q. 11	0 3	
d.	Medicare	Go to Q. 11	0 4	
e.	Medicaid or Medical Assistance [or substitute state program name]	Go to Q. 11	0 5	
f.	The military, CHAMPUS, or the VA [or CHAMP-VA]	Go to Q. 11	0 6	
g.	The Indian Health Service [or the Alaska Native Health Service]	Go to Q. 11	0 7	
h.	Healthwave	Go to Q. 11	0 8	
	or			
i.	other source	Go to Q. 11	0 9	Some
	None	Go to Q. 10	8 8	
	Don't know/Not sure	Go to Q. 11	7 7	
	Refused	Go to Q. 11	9 9	

Do not
read these
responses

10. There are some types of coverage you may not have considered. Please tell me if the [xx]-year-old child may have any of the following:

Coverage through: **Please Read**

If more than one, ask "Which type do you use to pay for most of your medical care?"	a.	Your employer	0 1	
	b.	Someone else's employer	0 2	
	c.	A plan that you or someone else buys on your own	0 3	
	d.	Medicare	0 4	
	e.	Medicaid or Medical Assistance [or substitute state program name]	0 5	
	f.	The military, CHAMPUS, or the VA [or CHAMP-VA]	0 6	
	g.	The Indian Health Service [or the Alaska Native Health Service]	0 7	
	h.	Healthwave or	0 8	
	i.	other source	0 9	Some
		None	8 8	
Do not read these responses		Don't know/Not sure	7 7	
		Refused	9 9	

11. Did anyone in this household get food stamps at any time during the last 12 months?

a.	Yes	1
b.	No	2
	Don't know/Not sure	7
	Refused	9

If the respondent is male and Q.2 is "Son", "Stepson", "Daughter" or "Stepdaughter" then go to Q. 13.

12. Does the [xx]-year-old child's father live in this household?

- | | |
|---------------------------------------|---|
| a. No | 1 |
| b. Yes, Father | 2 |
| c. Yes, Stepfather or adoptive father | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

If the respondent is female and Q.2 is "Son", "Stepson", "Daughter" or "Stepdaughter" then go to the Next Module.

13. Does the [xx]-year-old child's mother live in this household?

- | | |
|---------------------------------------|---|
| a. No | 1 |
| b. Yes, Mother | 2 |
| c. Yes, Stepmother or adoptive mother | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

**Module 99: Supplementary Children's Health/Safety Module
(Johnson County)**

1. Have you discussed with your child or children a specific plan for how to escape from your home in case of fire? (JoCo #33)

a.	Yes	1
b.	No	2
	Don't know/Not sure	7
	Refused	9

2. How often, if ever, does your child wear a helmet when riding his or her bicycle? (JoCo #34)

Would you say:

a.	Always	1
b.	Nearly always	2
c.	Sometimes	3
d.	Seldom	4
	or	
e.	Never	5

**Do not
read these
responses**

Don't know/Not sure	7
Child doesn't ride bike	8
Refused	9

3. Does anyone in your household under the age of 18: (JoCo #35)

Please Read		<u>Yes</u>	<u>No</u>	<u>DK/NS</u>	<u>Refused</u>
a.	Drink alcohol	1	2	7	9
b.	Smoke Cigarettes	1	2	7	9
b.	Use illegal drugs	1	2	7	9
d.	Is sexually active	1	2	7	9

Module 35: Parenting

Note: Question 1 has been deleted since a randomly selected child was chosen in question 1 of Health of Children module and the same child will be used for the Parenting module. If respondent refused to answer age of child, this module is skipped also. The numbering was not changed in order to maintain consistency with surveys that have not included the Health of Children module and therefore required question 1 in the Parenting module.

If Q41a, Q41b, Q41c are all "None" or "Refused" go to Next Module

If question 2 in Health of Children module is 'son', 'stepson', 'daughter', or 'stepdaughter' skip to question 3.

2. Are you a guardian of [xx]-year-old child?

1. Yes 1

1. No **Go to Next Module** 2

Don't know/not sure **Go to Next Module** 7

Refused **Go to Next Module** 9

2. Would you say you are the parent or guardian who spends the most time caring for the [xx]-year-old child?

Yes 1

No 2

Don't know/not sure 7

Refused 9

2. Is the **[age from Q. 1]** year old child's time divided between parents or guardians who live in separate households?

Yes 1

No 2

Don't know/not sure 7

Refused 9

5. About how many hours did the **[xx]** year old child watch television yesterday?

a. Number of hours of TV

b. None 8 8

Don't know/Not Sure 7 7

Refused 9 9

If child is 5-17 years old go to Q. 6. If the child is aged < 5 go to Q. 10

6. To the following questions please answer how many days out of the past seven days you did the following activities with the **[xx]** year old child?

9 = Refused
8=Don't Know

A. Played a sport, physical game, or exercised together with the **[xx]** year old child?

B. Played a non-physical game with the **[xx]** year old child?

C. Watched television with the **[xx]** year old child?

C. at least 20 minutes talking with the **[xx]** year old child? Spent

C. Helped the **[xx]** year old child with school activities or homework?

C. the **[xx]** year old child responsible for completing a household chore? Made

C.

Atten

child participated in?

7. Please answer yes or no to the following questions. Are there family rules about:

PLEASE READ EACH

	<u>Yes</u>	<u>No</u>	<u>DK</u>	
		<u>Ref</u>		
a. What time the [xx] year old child goes to bed on a school night?	1	2	7	9
b. The amount of time the [xx] year old child is allowed to watch television?	1	2	7	9
b. Which television programs and movies the [xx] year old child is allowed to watch?	1	2	7	9
d. Which computer or video games the [xx] year old child is allowed to play?	1	2	7	9
e. Use of the internet by the [age from Q.1] year old child? (JoCo)	1	2	7	9
8. Where does the [xx] year old child go most often when school lets out?				
a. Home	01			
h. provider/babysitter	Child care	02		
h. Friend's home	03			
h. Neighbor's home	04			
h. Work	05			
f. Spends time with friends	06			
f. Community organization (YMCA, library, etc.)	07			
f. After school sport, club, or other organized activity	08			
f. Other (specify: _____)				
f. Not in school currently	Go to Next Module	10		

Don't Know/Not Sure 77

Refused 99

9. On how many days out of the past seven days was the [xx] year old child supervised by an adult after school?

a. Number of days (5 = 5 or more days) Go to Next Module

b. Not in school currently Go to Next Module 8

Don't know/Not Sure Go to Next Module 7

Refused Go to Next Module 9

10. To the following questions please answer how many days during the past seven days you have done the following activities with the [xx] year old child.

9 = Refused
8=Don't Know

A. Played a sport, physical game, or exercised with the [xx] year old child?

B. Played a non-physical game with the [xx] year old child?

C. Watched television with the [xx] year old child?

D. Read to the [xx] year old child?

11. About how many hours per week does the [xx] year old child spend in a day care center, day care home, or pre-school?

a. Number of hours a week (76 = 76 or More)

b. None 8 8

Don't know/Not Sure 7 7

Refused 9 9

Module 32: Mental Health

These next few questions ask about your mental health.

1. In the past year, did you think about seeking help from family or friends for any personal or emotional problems?
 - a. Yes 1
 - b. No 2
 - Don't know/Not Sure 7
 - Refused 9

2. In the past year, did you think about seeking help from a therapist, counselor or self-help group for any personal or emotional problems?
 - a. Yes 1
 - b. No 2
 - Don't know/Not Sure 7
 - Refused 9

3. During the past five years have you thought you might have depression?
 - a. Yes 1
 - b. No **Go to Q. 7** 2
 - Don't know/Not Sure **Go to Q. 7** 7
 - Refused **Go to Q. 7** 9

4. During the past five years have you been diagnosed with depression?
 - a. Yes 1
 - b. No **Go to Q. 7** 2
 - Don't know/Not Sure **Go to Q. 7** 7
 - Refused **Go to Q. 7** 9

5. Did you receive treatment for your depression?

- | | | |
|---------------------------------------|---|---|
| a. Yes | 1 | |
| b. No Go to Q. 7 | | 2 |
| Don't know/Not Sure Go to Q. 7 | | 7 |
| Refused Go to Q. 7 | | 9 |

6. Who treated you for depression?

Read only if necessary

- | | | |
|---|-----|-----|
| a. Psychologist | 0 1 | |
| b. Psychiatrist | 0 2 | |
| c. Family doctor | 0 3 | |
| d. Mental health center | 0 4 | |
| e. Self-help group | 0 5 | |
| f. Family or Friends | 0 6 | |
| g. Pastor, priest, rabbi or other religious counselor | | 0 7 |
| h. Other (specify:_____) | | 0 8 |
| Don't know/Not sure | 7 7 | |
| Refused | 9 9 | |

7. Have you needed treatment for any personal or emotional problems during the last five years but been unable to get it?

- | | |
|---------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 9 | 2 |
| Don't know/Not Sure Go to Q. 9 | 7 |
| Refused Go to Q. 9 | 9 |

8. Why were you unable to get treatment for your personal or emotional problem?

Read only if necessary

- | | |
|--|---|
| a. Cost/Couldn't afford/Insurance would not cover | 1 |
| b. Lack transportation | 2 |
| c. No place was close enough/available/convenient | 3 |
| d. Do not know where to go | 4 |
| e. Do not trust psychiatrists/psychologist/doctors | 5 |
| f. Embarrassed/Stigmatism | 6 |
| g. Other [specify:_____]. | 8 |
| Don't know/Not sure | 7 |
| Refused | 9 |

9. If you or someone in your family needed treatment for a mental health problem where would you go for help?

- | | |
|---|-----|
| a. Community Mental Health Center | 0 1 |
| b. Private Practice Provider | 0 2 |
| c. Church Related Social Service Agency | 0 3 |
| d. Employee Assistance Program | 0 4 |
| e. Counseling Center | 0 5 |
| f. Self-Help Support Group | 0 6 |
| g. Other (specify:_____) | 0 8 |

Don't know/Not sure	7 7
Refused	9 9

10. When you are feeling depressed, who, if anyone, do you feel comfortable getting help from or talking to? (JoCo # 51)

Don't Read

a. Don't talk to anyone/seek help	1
b. Doctor	2
c. Family	3
d. Friends	4
e. Local agencies	5
f. Religious leader	6
g. Other source	8
Don't know/not sure.	7
Refused	9

10. On a typical day would you say that your stress level is: (JoCo #50)

a. High	1
b. Moderate, or	2
c. Low	3
Don't know/Not Sure	7
Refused	9

Module 9: Alcohol Consumption

1. I have some questions about your personal use of alcohol. For these questions, keep in mind that a drink is one can of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

During the past month, on about how many days, if any, did you personally drink any alcoholic beverages, such as beer, wine, wine coolers, or liquor? (JoCo #40)

- | | |
|--|-----|
| a. Number of days [76 = 76 or more] | — — |
| b. None/Don't Drink Go to Next Module | 8 8 |
| Don't know/Not sure Go to Next Module | 7 7 |
| Refused Go to Next Module | 9 9 |

2. On the days that you drank alcohol in the past month, about how many drinks did you drink each time? (JoCo #41)

- | | |
|---------------------|-----|
| a. Number of drinks | = — |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

3. After how many alcoholic drinks will you not drive a car? (JoCo #42)

Don't Read

- | | |
|---|-----|
| a. Number of drinks | — — |
| b. Don't drink [skip to next module] | 8 8 |
| b. Don't drive [skip to next module] | 9 7 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

4. During the past month, how many times have you driven when you've had perhaps too much to drink?

a.	Number of times		
b.	None	8	8
	Don't know/Not sure	7	7
	Refused	9	9

Module 7: Weight Control

1. Are you now trying to lose weight?

- a. Yes **Go to Q. 3** 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

2. Are you now trying to maintain your current weight, that is to keep from gaining weight?

- a. Yes 1
- b. No **Go to Q. 6** 2
- Don't know/Not sure **Go to Q. 6** 7
- Refused **Go to Q. 6** 9

3. Are you eating either fewer calories or less fat to...

lose weight? **[if "Yes" on Q. 1]**

keep from gaining weight? **[if "Yes" on Q. 2]**

**Probe
for
which**

- a. Yes, fewer calories 1
- b. Yes, less fat 2
- c. Yes, fewer calories and less fat 3
- d. No 4
- Don't know/Not sure 7
- Refused 9

4. Are you using physical activity or exercise to...

lose weight? [if "Yes" on Q. 1]

keep from gaining weight? [if "Yes" on Q. 2]

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

5. How much would you like to weigh?

Weight
pounds

- | | | | |
|---------------------|---|---|---|
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |

6. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight?

**Probe
for
which**

- | | |
|---------------------------------|---|
| a. Yes, lose weight | 1 |
| b. Yes, gain weight | 2 |
| c. Yes, maintain current weight | 3 |
| d. No | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Module 1: Health Care Coverage

If "Dk/Ns" or "Refused" to core Q. 2, go to Question 4.

I asked you previously about your health care coverage.

If "None" to core Q. 4a or core Q. 4b, continue. Otherwise, go to Q. 2.

1. What is the main reason you are without health care coverage?

- | | |
|--|-----|
| a. Lost job or changed employers
Go to Question 4 | 0 1 |
| b. Spouse or parent lost job or changed employers
[includes any person who had been providing
insurance prior to job loss or change]
Go to Question 4 | 0 2 |
| c. Became divorced or separated Go to
Question 4 | 0 3 |
| d. Spouse or parent died Go to Question 4 | 0 4 |
| e. Became ineligible because of age or because
left school Go to Question 4 | 0 5 |
| f. Employer doesn't offer or stopped offering
coverage Go to Question 4 | 0 6 |
| g. Cut back to part time or became temporary
employee Go to Question 4 | 0 7 |
| h. Benefits from employer or former employer ran
out Go to Question 4 | 0 8 |
| i. Couldn't afford to pay the premiums
Go to Question 4 | 0 9 |
| j. Insurance company refused coverage
Go to Question 4 | 1 0 |
| k. Lost Medicaid or Medical Assistance eligibility
Go to Question 4 | 1 1 |
| l. Other Go to Question 4 | 8 7 |
| Don't know/Not sure Go to Question 4 | 7 7 |
| Refused Go to Question 4 | 9 9 |

2. Other than [fill in type (Medicare/Medicaid/the health coverage
which pays for most of your medical care) from core Q. 3, Q. 4a,

or Q. 4b], do you have any other type of health care coverage?

Do not include plans that only cover one type of service or care	a. Yes	1
	b. No	
	Don't know/Not sure	7
	Refused	9

If respondent 66 years old or older, go to next module.

If respondent answered "no", "don't know", or "refused" to core Q. 6 the go to Question 4.

3. What was the main reason you were without health care coverage?

a. Lost job or changed employers	0 1
b. Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change]	0 2
c. Became divorced or separated	0 3
d. Spouse or parent died	0 4
e. Became ineligible because of age or because left school	0 5
f. Employer doesn't offer or stopped offering coverage	0 6
g. Cut back to part time or became temporary employee	0 7
h. Benefits from employer or former employer ran out	0 8
i. Couldn't afford to pay the premiums	0 9
j. Insurance company refused coverage	1 0
a. Lost Medicaid or Medical Assistance eligibility	
l. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

4. In the past 12 months, what if anything, has prevented you from

receiving the healthcare that you need? (JoCO #6)

Don't Read

a.	Nothing has prevented me from receiving Healthcare	0 1
b.	Can't find a doctor I like	0 2
c.	Doctor can't take new patients	0 3
d.	Doctors are too far away	0 4
e.	Doctor's hours aren't convenient	0 5
f.	Doctors won't accept my insurance:	0 6
g.	Don't have transportation	0 7
h.	Medicaid	0 8
i.	Medicare	0 9
j.	My age	1 0
a.	Too expensive	1 1
l.	Other	8 7
	Don't know/Not sure	7 7
	Refused	9 9

Module 8: Firearms

Note: 06/15/2000 Johnson County requested that only questions 1, 4, 5, 6, & 9 be asked in all subsequent interviews. In order to maintain consistency with WinCATI program, question numbers are not being changed.

The next questions are about safety and firearms. Firearms include weapons such as pistols, shotguns, and rifles. In answering the questions, do not include BB guns, starter pistols, or guns that cannot fire.

1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle.

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Next Module | 2 |
| Don't know/Not sure Go to Next Module | 7 |
| Refused Go to Next Module | 9 |

- ~~2. Are any of the firearms handguns, such as pistols or revolvers?~~

- | | |
|------------------------------------|--------------|
| a. Yes | 1 |
| b. No Go to Q. 4 | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

- ~~3. Are any of the firearms long guns, such as rifles or shotguns?~~

- | | |
|--------------------------------|--------------|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

4. What is the main reason that there are firearms in or around your home?

Would you say for...

Please Read

- | | |
|----------------------|---|
| a. Hunting or sport | 1 |
| b. Protection | 2 |
| c. Work | 3 |
| or | |
| d. Some other reason | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

5. Is there a firearm in or around your home that is now both loaded and unlocked?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

The next three questions are about using firearms. If you are a police officer or have another occupation that requires and authorizes you to use a firearm, do not include firearm-use associated with your job.

6. During the last 30 days, have you carried a loaded firearm on your person, outside of the home for protection against people?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

~~7. During the last 30 days, have you driven or been a passenger in a motor vehicle in which you knew there was a loaded firearm?~~

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

~~8. During the last 12 months, have you confronted another person with a firearm, even if you did not fire it, to protect yourself, your property, or someone else?~~

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

9. In the past three years, have you attended a firearm safety workshop, class, or clinic?

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

~~10. Do any of the firearms kept in or around your home belong to you, personally?~~

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

Module 4: Preventive Counseling Services

The next questions are about counseling services related to prevention that you might have received from a doctor, nurse, or other health professional.

1. Has a doctor or other health professional ever talked with you about your diet or eating habits?

If yes, ask "About how long ago was it?"	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

2. Has a doctor or other health professional ever talked with you about physical activity or exercise?

If yes, ask "About how long ago was it?"	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

3. (Has a doctor or other health professional ever talked with you about injury prevention, such as safety belt use, helmet use, or smoke detectors?)

If yes, ask "About how long ago was it?"	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

4. (Has a doctor or other health professional ever talked with you)

about drug abuse?

If yes, ask "About how long ago was it?"	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

5. (Has a doctor or other health professional ever talked with you) about alcohol use?

If yes, ask "About how long ago was it?"	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

If "No" to core Q. 30 or "Not at all" to core Q. 31, go to Q. 7

6. (Has a doctor or other health professional) ever advised you to quit smoking?

If yes, ask "About how long ago was it?"	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

Note: Johnson County requested that question 7 be asked of all respondents rather than only respondents 18-64 years of age.

7. (Has a doctor or other health professional) ever talked with you about your sexual practices, including family planning, sexually

transmitted diseases, AIDS, or the use of condoms?

If yes, ask "About how long ago was it?"	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

Module 2: Health Care Utilization

Now I am going to ask you some questions about the health care you receive.

1. How would you rate your satisfaction with your overall health care?

Would you say: **Please read**

- | | | |
|----|-----------|---|
| a. | Excellent | 1 |
| b. | Very Good | 2 |
| c. | Good | 3 |
| d. | Fair | 4 |
| | or | |
| e. | Poor | 5 |

- | | | |
|--|--|---|
| Do not
read these
responses | Not applicable/don't use any health services | 8 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

2. If it is after 5 p.m., and you or someone in your household are in need of non-emergency medical care would you: (JoCo # 7)

Please read

- | | | |
|----|-----------------------------|---|
| a. | Call your doctor | 1 |
| b. | Go to the emergency room | 2 |
| c. | Go to an urgent care center | 3 |
| | or | |
| d. | Wait until the next morning | 4 |

- | | | |
|--|---------------------|---|
| Do not
read these
responses | Don't know/Not sure | 7 |
| | Refused | 9 |

3. When you need information about health services and health care, do you usually: (JoCo #8)

Please read

a. Ask a family member or friend	1
b. Ask a healthcare professional	2
c. Call the health department	3
d. Look in the Yellow Pages	4
e. Seek information from an internet site	5
f. Public library	6
h. Other (Specify) _____	8
Don't know/Not sure	77
Refused	99

If Q8 in core section = 'no' proceed to question 4, else skip to question 6 in this Health Care Utilization module.

4. What is the main reason you do not have a usual source of medical care?

- | | |
|--|-----|
| a. Two or more usual places | 0 1 |
| b. Have not needed a doctor Go to Q10 | 0 2 |
| c. Do not like/trust/believe in doctors
Go to Q10 | 0 3 |
| d. Do not know where to go Go to Q10 | 0 4 |
| e. Previous doctor is not available/moved
Go to Q10 | 0 5 |
| f. No insurance/cannot afford Go to Q10 | 0 6 |
| g. Speak a different language Go to Q10 | 0 7 |
| h. No place is available/close enough/convenient
Go to Q10 | 0 8 |
| i. Other Go to Q10 | 0 9 |
| Don't know/Not sure Go to Q10 | 7 7 |
| Refused Go to Next Module | 9 9 |

5. Is there one of these places that you go to most often when you are sick or need advice about your health?

- | | |
|--------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q10 | 2 |
| Don't know/Not sure Go to Q10 | 7 |
| Refused Go to Q10 | 9 |

6. What kind of place do you usually go to for health care -- a clinic, a health center, a hospital, a doctor's office, or some other place?

a. Doctor's office or private clinic	0 1
b. Company or school health clinic/center	0 2
c. Community/migrant/rural clinic/center	0 3
d. County/city/public hospital outpatient clinic	0 4
e. Private/other hospital outpatient clinic	0 5
f. Hospital emergency room	0 6
g. HMO/prepaid group	0 7
h. Psychiatric hospital or clinic	0 8
i. VA hospital or clinic	0 9
j. Military health care facility	1 0
k. Some other kind of place	1 1
Don't know/Not sure	7 7
Refused	9 9

7. Thinking of the distance or time you travel to get to the place you usually go to, how would you rate the convenience of that place?

Would you say: **Please read**

a. Excellent	1
b. Very Good	2
c. Good	3
d. Fair	4
or	
e. Poor	5

**Do not
read these
responses**

Don't have usual place	6
Don't know/Not sure	7
Refused	9

8. When did you last change doctors?

Read only if necessary

"Doctors" includes other health professionals	a. Within the past year (1 to 12 months ago)	1
	b. Within the past 2 years (1 to 2 years ago)	2
	c. Within the past 3 years (2 to 3 years ago)	3
	d. Within the past 5 years (3 to 5 years ago)	4
	e. 5 or more years ago	5
	f. Never Go to Q10	8
	Don't know/Not sure Go to Q10	7
	Refused Go to Q10	9

9. Why did you change doctors that last time?

"Doctors" includes other health professionals	a. Changed residence or moved	0 1
	b. Changed jobs	0 2
	c. Changed health care coverage	0 3
	d. Provider moved or retired	0 4
	e. Dissatisfied with former provider or liked new provider better	0 5
	f. Former provider no longer reimbursed by my health care coverage	0 6
	g. Owed money to former provider	0 7
	h. Medical care needs changed	0 8
	i. Other	8 7
	Don't know/Not sure	7 7
	Refused	9 9

10. Does difficulty with transportation sometimes prevent you from seeing a doctor?

a. Yes	1
--------	---

a.	No	2
	Don't know/not sure	7
	Refused	9

Module 3: Oral Health

1. About how long has it been since you last visited a dentist for a routine check-up? (JoCo #4)

Read Only if Necessary

- | | |
|--|---|
| a. Within the past six months Go to Q. 3 | 1 |
| b. Between six months and 1 year Go to Q. 3 | 2 |
| c. Between 1 and 2 years | 3 |
| d. Between 2 and 5 years | 4 |
| e. 5 or more years ago | 5 |
| f. Never | 6 |
| Don't know/Not sure Go to Q. 3 | 7 |
| Refused Go to Q. 3 | 9 |

2. What is the main reason you have not visited the dentist in the last year?

Reason code

— —

Read only if necessary

- | | |
|---|-----|
| a. Fear, apprehension, nervousness, pain, dislike going | 0 1 |
| b. Cost | 0 2 |
| c. Do not have/know a dentist | 0 3 |
| d. Cannot get to the office/clinic (too far away, no transportation, no appointments available) | 0 4 |
| e. No reason to go (no problems, no teeth) | 0 5 |
| f. Other priorities | 0 6 |
| g. Have not thought of it | 0 7 |
| h. Other | 0 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

3. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.
- | | |
|--------------------------|---|
| a. 5 or fewer | 1 |
| b. 6 or more but not all | 2 |
| c. All | 3 |
| d. None | 8 |
| Don't know/Not sure | 7 |
| Refused | 9 |
4. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |
5. Are you currently in need of any dental services such as fillings, dentures or partials, teeth pulled, caps, crowns, or root canal?
- If "Yes" probe for which services**
- | | |
|---|---|
| a. Yes, fillings, caps or crowns, or root canal | 1 |
| b. Yes, teeth pulled, dentures or partials | 2 |
| c. Yes, both | 3 |
| d. No | 4 |
| Don't Know/Not Sure | 7 |
| Refused | 9 |

Closing Statement

That was my last question. Everyone's answers will be combined to give us information about the health practices of people in our community. Thank you very much for your time and cooperation.

